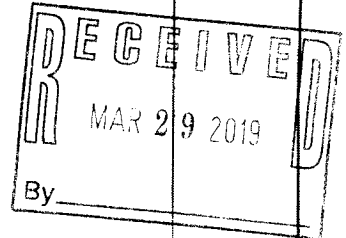


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055539	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/10/2019
NAME OF PROVIDER OR SUPPLIER ARTESIA CHRISTIAN HOME INC.			STREET ADDRESS, CITY, STATE, ZIP CODE 11614 E. 183RD ST ARTESIA, CA 90701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>Representing the California Department of Public Health: Surveyor ID#: 07598</p> <p>Census :59 Bed capacity:66</p> <p>The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.</p>	E 000			



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

*Michelle Robinson**Executive Director**3-29-19*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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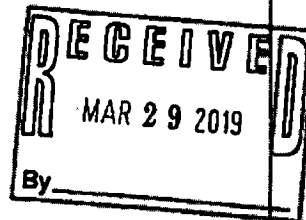
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 066639	(K2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(K3) DATE SURVEY COMPLETED 03/10/2019
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K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2012 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health during the Life Safety Code Survey. Highest scope and severity= E Representing the Department of Public Health: Surveyor ID#: 07598 Total licensed beds:68 Total resident census:59 Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual	K 000			
K 923 SS-E		K 923			



4/12/19

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(K6) DATE

Michelle Robinson

Executive Director

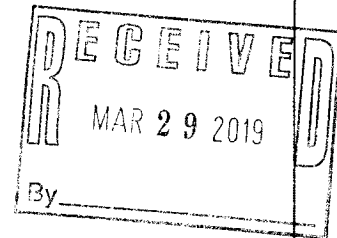
3-29-19

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K 923	<p>Continued From page 1</p> <p>cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>NFPA 99 Chapter 11 Gas Equipment</p> <p>11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following:</p> <p>(1) Minimum distance of 6.1 m (20 ft)</p> <p>(2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems</p> <p>(3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 1/2 hour.</p> <p>Based on observation and interview, the facility failed to ensure that two oxygen storage rooms had their oxygen tanks stored a minimum distance of 5 ft from any combustible material in</p>	K 923	<p>K923- At issue is that the facility failed to ensure full oxygen tanks were properly stored a minimum of 5ft away from any combustible material in the oxygen storage room. The facility had stored full oxygen tanks together with the plastic "combustible" oxygen tubing and various other plastic supplies. The Director of Nursing and Director of facilities have separated full oxygen tanks from any plastic supplies. The supplies are now stored in a separate storage room effective 3/12/19. All licensed Nurses have been inserviced re the proper storage and safety of full oxygen tanks as well as the supplies and where they are stored on 3/27/19. All current and future resident have the potential to be affected by this deficient practice. The above action corrects this for all current and future residents. The Director of Facilities will check the 2 oxygen storage rooms monthly to ensure that all full oxygen tanks are not stored with plastic combustible supplies. The Director of Facilities will report his findings to the facilities Quarterly QAPI (Quality Assurance Performance Improvement) monitoring meeting with a threshold of 97%.</p>		

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K 923	<p>Continued From page 2</p> <p>the oxygen storage room. The storage of oxygen tanks away from combustible materials helps to ensure that fires will not start should the stored oxygen ignite for some reason.</p> <p>Findings:</p> <p>During a life safety code tour of the facility with the director of facility operations and the director of nurses, on March 10, 2019, the evaluator observed the following:</p> <p>1. At 12:33 p.m., two full oxygen tanks were stored right next to combustible material in the form of plastic oxygen tubing, oxygen masks, and nebulizer accessories in a storage room located near resident room 38.</p> <p>2. At 12:40 p.m., eight full oxygen tanks were stored right next to combustible material in the form of plastic oxygen tubing, oxygen masks, and nebulizer accessories in a storage room located near resident room 55.</p> <p>During an interview with the director of facility operations and the director of nursing, stated they will ensure that the oxygen tanks will be stored in a way consistent with the regulation requirements.</p> <p>The deficiency affected two out of three smoke compartments.</p> <p>The deficiency was discussed with the director of facility operations and the director of nursing during the exit conference on March 10, 2019.</p>	K 923			